## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P96000078924				FILED	_ FILED	
				Jan 22, 2007 08:00 AN		
1. Entity Nam	ne	•	A STEE	Secretary of State		
DESIGN	STRATEGIES, INC.			Secretary of State		
		-	COD 81 1			
Principal Place of Business		Mailing Address				
901 FLEMING STREET SECOND FLOOR		901 FLEMING STREET SECOND FLOOR	•	F (BANGAC) 553 1875 3010 4810 4810 4810 4810 4810 4810 1874 (3010 188) 310 (301 188)		
KEY WEST		KEY WEST FL 33040				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		T INDUITED LUG FOILD GLUL DERN BOILD GAIN INSBUT BANG INNS HERR STOTION A FOOT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/06)		
City & State		City & State		4. FEI Numbor 65-0705381 Applied For		
Zip Country		Zip	Country	Not Applicable	괵	
÷.ip	,		- Country	5. Certificate of Status Desired Fee Required	_	
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Agent	$\dashv$	
MULLANEY, DEAN				dress (P.O. Box Number is Not Acceptable)	4	
901 FLEMING STREET SECOND FLOOR			Sileer Add	aress (F.O. Box Normagnis Not Acceptable)	4	
KEY	/ WEST FL 33040				╛	
			City	FL Zip Code		
	named entity submits this statement factors of registered agent.	or the purpose of changing its	rogistered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accep	1	
ŭ						
SIGNATURE .	Signature, typed or printed name of registered eigen	TICN) eldacelaga celtibria t	, Registered Agent signature	required when reinstahing) DATE		
	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00	0		9. Eloction Campaign Financing \$5.00 May Be	•	
	Revenue to Florida Department of			Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_	
TITLE NAME	MULLANEY, DEAN	☐ Delete	TITI! NAML	Change Addino	"	
STREET ADDRESS	901 FLEMING ST		STREET ADDRESS	U00000597509 01/24/07-80040-009-150.00	1	
CITY-ST-ZIP	KEY WEST FL		CITY-S1-7IP		_	
TITEE NAML		☐ Delete	ICITA NAMI	☐ Change ☐ Addilio	a	
STREET ADDRESS			STREET ADDRESS		-	
CHY-ST-7IP			CITY-SI-ZIP		_	
HII!		☐ Detete	THE	☐ Change ☐ Addilio	9	
NAME STREET ADDRESS			NAMI' Strit'i Address		Ì	
CHY-SI-ZIP			CITY-\$1-7IP	•		
HIU.		☐ Delete	160	☐ Change ☐ Additio	n	
NAME STOLET ADDRESS			NAMI STREET ADDELSS			
CITY-ST-7IP			CHY-S1-ZIP			
11/11		☐ Delete	1011	☐ Change ☐ Addition	ո	
NAME STOLET ADDDESS			NAME STREET ADDRESS		}	
STREET ADDRESS CITY-S1-ZIP			STREET ADDRESS CHY-ST-7IP			
THTUT.		☐ Delele	THIL	☐ Change ☐ Addito	n	
NAME.			NAME.			
STREET ADDRESS CITY-ST-ZIP	<b>t</b>		STREET ADDRESS CITY: ST: ZIP			
	certify that the information supplied w	ith this filing does not qualify for		ontained in Section 119, Florida Statutes. I further certify that the information	$\dashv$	

2. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. Flurther certify that the information indicated on this roport or supplemental roport is fure and accurate and that my signature shall have the same logal offect as if made under eath, that I am an efficier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE! \_

SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

DEM MULLANET

1.17.01

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